



# HOUSING DISCRIMINATION INTAKE QUESTIONNAIRE

NORTH DAKOTA DEPARTMENT OF LABOR

SFN 52229 (Rev. 08-2001)

## OFFICE USE ONLY

Date Received:

## PLEASE PRINT

This information requested on this form will help us to help you. There is no guarantee that the information submitted will constitute a basis for filing a formal complaint. Please check or answer **all** questions that apply.

|   |  |           |  |                   |           |
|---|--|-----------|--|-------------------|-----------|
| Name: (First, Middle, Last)                         |  |           | Date of Birth:   |                   | Age:      |
| Address: (Number and Street)                        |  | Apt. No.: | City:  | County:           | Zip Code: |
| Telephone Numbers and Area Codes:<br>Home           |  |           | Do You Prefer to be Contacted at:<br><input type="checkbox"/> Home <input type="checkbox"/> Work |                   |           |
| Work  |  | Ext.:     | Preferred Time:  | Preferred Days:   |           |
| Name of Person to Contact if you Cannot be Reached: |  |           |  | Telephone Number: |           |

### LIST THE NAMES AND TELEPHONE NUMBERS OF OTHER ADULTS WHO SOUGHT THE HOUSING WITH YOU:

| NAME | DATE OF BIRTH | AGE | HOME TELEPHONE | WORK TELEPHONE |
|------|---------------|-----|----------------|----------------|
|      |               |     |                |                |
|      |               |     |                |                |

### LIST THE NAMES AND AGES OF CHILDREN UNDER AGE 18 WHO SOUGHT THE HOUSING WITH YOU:

| NAME | DATE OF BIRTH | AGE | NAME | DATE OF BIRTH | AGE |
|------|---------------|-----|------|---------------|-----|
|      |               |     |      |               |     |
|      |               |     |      |               |     |

### 1. I WISH TO COMPLAIN AGAINST: (Check one or more of the following)

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Owner  | <input type="checkbox"/> Manager             | <input type="checkbox"/> Developer             | <input type="checkbox"/> Management Company |
| <input type="checkbox"/> Real Estate Agent/Broker   | <input type="checkbox"/> Lending Institution | <input type="checkbox"/> Other (Specify) _____ |   |
| Name:   |  | Title:   | Telephone Number:                           |
| Address: (Number and Street)  |  | City:  | County: Zip Code:                           |
| Other:  |  |  | Telephone Number:                           |
| Address: (Number and Street)  |  | City:  | County: Zip Code:                           |
| Type of Property:<br><input type="checkbox"/> Single Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other (Specify) _____ |  |  | Number of Units at Location:                |
| Name of Property:   |  |  |   |
| Address: (Number and Street)  |  | City:  | County: Zip Code:                           |

### 2. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY: (CHECK ONE OR MORE OF THE FOLLOWING)

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Race: (Specify) _____  | <input type="checkbox"/> Color: (Specify) _____          | <input type="checkbox"/> National Origin/Ancstry: (Specify) _____      |
| <input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Marital Status: (Specify) _____ | <input type="checkbox"/> Receipt of Public Assistance: (Specify) _____ |
| <input type="checkbox"/> Religion: (Specify) _____  | <input type="checkbox"/> Disability: (Specify) _____     | <input type="checkbox"/> Age: (Specify) _____                          |
| <input type="checkbox"/> Familial Status:   | <input type="checkbox"/> Children under age 18           | <input type="checkbox"/> Pregnant                                      |
| <input type="checkbox"/> Securing Custody of Children under age 18                          |  |  |

**Type of Discriminatory Action:**☐ Retaliation☐ Refusal to Rent☐ Terms or Conditions of Rental☐ Discriminatory Advertising☐ Other (Specify) \_\_\_\_\_☐ Refusal to Show (Falsely denying availability)☐ Refusal to Sell☐ Terms or Conditions of Sale☐ Discrimination in Financing**For Disability Complaints:**☐ Refusal to Make Reasonable Accommodation☐ Refusal to Permit Reasonable Modification☐ Accessibility**3. If you feel you have been discriminated against because of your disability. Please provide documentation/verification of your disability.****4. IF REFUSED TO SHOW, RENTAL/LEASE DENIED, OR SALES/FINANCE DENIED, COMPLETE NUMBER 4.**

How Did You First Know of the Vacancy?

☐ Newspaper (Please specify and enclose copy of advertisement if possible) \_\_\_\_\_ Date: \_\_\_\_\_☐ Posted Sign☐ Rental Agency (Please specify) \_\_\_\_\_☐ Tenant☐ Friend☐ Other (Specify) \_\_\_\_\_

Application Completed?

☐ Yes ☐ No

If No, Give Reason:

Date Applied:

Date Denied:

Reason Given for Denial:

Name of Person Who Made Denial:

Title:

Contract/Lease Signed?

☐ Yes ☐ No

If Yes, Specify Type: (Enclose copy if possible)

**5. IF EVICTED, COMPLETE NUMBER 4: (Enclose copies of notices if possible)**

Date of Initial Notice:

Date Required to Vacate:

Have You Been Served a Notice of Unlawful  
Detainer? ☐ Yes ☐ No

Date of Notice:

Court Date:

What Were You Told Was The Reason For Eviction?

**DO YOU KNOW OF OTHERS WHO HAVE BEEN EVICTED? ☐ YES ☐ NO IF YES, PLEASE LIST BELOW****NAME****HOME TELEPHONE****WORK TELEPHONE****6. LIST THE NAMES AND TELEPHONE NUMBERS (IF POSSIBLE) OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT:****NAME****HOME TELEPHONE****WORK TELEPHONE**

**7. WHAT INFORMATION DO YOU HAVE TO INDICATE THAT YOU WERE TREATED DIFFERENTLY THAN OTHER TENANTS/APPLICANTS?  
(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)**

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Date Violation Occurred:

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**8. IF AN INVESTIGATION PROVES YOU WERE DISCRIMINATED AGAINST, WHAT REMEDY ARE YOU SEEKING?**

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**9. OTHER ACTIONS**

|   |  |  |           |
|---|--|--|-----------|
| Have you Filed with the United States Department of Housing and Urban Development? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | With Any Other Agency or Group? <input type="checkbox"/> Yes <input type="checkbox"/> No |           |
| If Yes, Give Name:  |  | Telephone Number:  |           |
| Address: (Number and Street)  |  | City:  | Zip Code: |
| Name of Person who Assisted You:  |  |  |           |
| What Has This Person Done for You on This Problem?  |  |  |           |
| Do You Plan to Take This Matter to Court?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided    |  | Do You Have an Attorney?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |           |
| Name of Attorney:   |  | Telephone Number:  |           |
| Address: (Number and Street)  |  | City:  | Zip Code: |

**10. I LEARNED ABOUT THE DEPARTMENT OF LABOR'S HOUSING DISCRIMINATION PROGRAM FROM: (Be Specific)**

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**I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF**

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|